

Registration

UALR Insurance Symposium

October 1 & 2, 2003

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____ FAX _____
E-mail _____

REGISTRATION FEES

Program Registration* @ \$99 each \$ _____
(limited to first 400 participants)

Dinner with General Wesley Clark
Tickets \$60 each \$ _____
(limited to first 300 reservations)
Golf Tournament @ \$75 each \$ _____
(limited to first 100 golfers)

4-person golf team **\$300**

You may buy a UALR Golf Team player to round out your 4-person team. UALR golfers will be sold on a first-come, first-serve basis for \$75. Please print your players' names and handicaps, and indicate whether you are buying a UALR golfer.

Player 1 Name: _____ Hcp: _____
Player 2 Name: _____ Hcp: _____
Player 3 Name: _____ Hcp: _____
Player 4 Name: _____ Hcp: _____
UALR Golf Team player Yes _____ No _____

Total Due: \$ _____

**Program registration fee includes Thursday's continental breakfast, lunch, educational sessions, materials, and refreshments.*

**Please direct any questions to Andy Terry,
501-569-8872, or email haterry@ualr.edu.**

Registration

UALR Insurance Symposium

October 1 & 2, 2003

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____ FAX _____
E-mail _____

REGISTRATION FEES

Program Registration* @ \$99 each \$ _____
(limited to first 400 participants)

Dinner with General Wesley Clark
Tickets \$60 each \$ _____
(limited to first 300 reservations)
Golf Tournament @ \$75 each \$ _____
(limited to first 100 golfers)

4-person golf team **\$300**

You may buy a UALR Golf Team player to round out your 4-person team. UALR golfers will be sold on a first-come, first-serve basis for \$75. Please print your players' names and handicaps, and indicate whether you are buying a UALR golfer.

Player 1 Name: _____ Hcp: _____
Player 2 Name: _____ Hcp: _____
Player 3 Name: _____ Hcp: _____
Player 4 Name: _____ Hcp: _____
UALR Golf Team player Yes _____ No _____

Total Due: \$ _____

**Program registration fee includes Thursday's continental breakfast, lunch, educational sessions, materials, and refreshments.*

**Please direct any questions to Andy Terry,
501-569-8872, or email haterry@ualr.edu.**

Registration

UALR Insurance Symposium

October 1 & 2, 2003

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____ FAX _____
E-mail _____

REGISTRATION FEES

Program Registration* @ \$99 each \$ _____
(limited to first 400 participants)

Dinner with General Wesley Clark
Tickets \$60 each \$ _____
(limited to first 300 reservations)
Golf Tournament @ \$75 each \$ _____
(limited to first 100 golfers)

4-person golf team **\$300**

You may buy a UALR Golf Team player to round out your 4-person team. UALR golfers will be sold on a first-come, first-serve basis for \$75. Please print your players' names and handicaps, and indicate whether you are buying a UALR golfer.

Player 1 Name: _____ Hcp: _____
Player 2 Name: _____ Hcp: _____
Player 3 Name: _____ Hcp: _____
Player 4 Name: _____ Hcp: _____
UALR Golf Team player Yes _____ No _____

Total Due: \$ _____

**Program registration fee includes Thursday's continental breakfast, lunch, educational sessions, materials, and refreshments.*

**Please direct any questions to Andy Terry,
501-569-8872, or email haterry@ualr.edu.**

Registration

PAYMENT

Please charge to (circle one):

MC

VISA

DISCOVER

Card Number _____

Expires____/____

Signature _____

Make checks payable to the **UALR Foundation**

Enclose this registration card in the Return
Envelope provided:

Shawna Diaz
College of Business
University of Arkansas at Little Rock
2801 South University Ave.
Little Rock, Arkansas 72204-1099

DEADLINE FOR RESERVATIONS: September 19, 2003

☐ Sorry, I cannot attend the Insurance
Symposium. Enclosed is the registration fee as a
contribution to the Insurance & Financial
Planning Program at UALR.



Registration

PAYMENT

Please charge to (circle one):

MC

VISA

DISCOVER

Card Number _____

Expires____/____

Signature _____

Make checks payable to the **UALR Foundation**

Enclose this registration card in the Return
Envelope provided:

Shawna Diaz
College of Business
University of Arkansas at Little Rock
2801 South University Ave.
Little Rock, Arkansas 72204-1099

**DEADLINE FOR RESERVATIONS:
September 19, 2003**

☐ Sorry, I cannot attend the Insurance
Symposium. Enclosed is the registration fee as a
contribution to the Insurance & Financial
Plann



Registration

PAYMENT

Please charge to (circle one):

MC

VISA

DISCOVER

Card Number _____

Expires____/____

Signature _____

Make checks payable to the **UALR Foundation**

Enclose this registration card in the Return
Envelope provided:

Shawna Diaz
College of Business
University of Arkansas at Little Rock
2801 South University Ave.
Little Rock, Arkansas 72204-1099

DEADLINE FOR RESERVATIONS: September 19, 2003

☐ Sorry, I cannot attend the Insurance
Symposium. Enclosed is the registration fee as a
contribution to the Insurance & Financial
Planning Program at UALR.

